

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

HEALTH FACILITIES CONSTRUCTION

CONSTRUCTION PROJECT INFORMATION FORM

Date:	County:	Type Facility:	Reg # 61-____
CON#:	CON Date:	DHEC Contact:	DHEC Project # *
* To Be Completed by DHFC			
Facility Name:		DHEC Facility # *	
Street Address:		Application filed: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
City:		Zip Code:	
Sprinklered:	Project Beds:	Final Plan Review Date:	
Project Description:			
Owner Firm Name:			
Owner Contact:		Phone #:	Fax #:
Owner Address:		E-mail:	
Architect Firm:			
Architect Contact:		Phone #:	Fax #:
Architect Address:		E-mail:	
Construction Start Date:	Est. Finish Date:	Part of Larger Project Yes <input type="checkbox"/> No <input type="checkbox"/>	
Estimated Costs:			
Design: _____		Construction: _____ Equipment: _____	
DHFC NOTES: *			
Owner Representative Submitting Form:			

<Project Information Form>